AME	Docket No. 0020-5421PUS1								
Application No.		Filing Date		Examiner	Art Unit				
10/551,962-Conf. #6132		September 5, 2006		A. S. Khan	1751				
pplicant(s): Mas	iahiro NAKAZA	KI et al.		<u></u>	······································				
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IS Amendment commissioner for .O. Box 1450 lexandria, VA 22: Transmitted here	313-1450	ndment in the	above-identif	ied application					
The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED									
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate					
Total Claims	23	- 20 =	3	x 50.00	150.00				
Independent Claims	2	~ 3 =	0	x 200.00	0.00				
Multiple Depend	lent Claims (ch	eck if applicabl	e)						
Other fee (pleas	e specify):			annina di santa di s					
TOTAL ADDIT	•	OR THIS AME	NDMENT:		150.00				
x Large Entity		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	*************	Small Entity	(60.68				
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x Credit a	ny overpaymer	ıt.							
X Charge a			n processing t	ees required under 3	2. 2. 2. 2.				
1///		Telle		Dated:	UN 1 3 2007				
Marc S. Weiner Attorney Reg. N									
BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Road irginia 22040-l		.p						

PTO/SB/17 (06-07)
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to a collection of information unless it displaces a valid CAP academic CAP.

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Effective on 12/08 Fees pursuant to the Consolidated Approp	Application Number 10/551,962-Conf. #6132										
FEE TRANS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		September 5, 2006								
	proprieta de la constitución de la		Masahiro NAKAZAKI								
For FY 20	Examiner Name	***************************************		A. S. Khan							
Applicant claims small entity stat	Art Unit 1751		***************************************								
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 0020-5421PUS1										
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name. Birch, Stewart, Kolasch & Birch, LLP											
For the above-identified depo	sit account, the Director	is hereby authorize	ed to: (check	(all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
X Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND E				(((((((((((((((((((((((((((((((((((((((•						
Fi		EARCH FEES	EXAMIN	ATION FEES							
Application Type Fee (\$	Small Entity 1 Fee (\$) Fee	Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)					
Utility 300	150 500		200	100		Anna Carlotta					
Design 200	100 100	50	130	65	***************************************						
Plant 200	100 300) 150	160	80							
Reissue 300	150 500	250	600	300	······································	***************************************					
Provisional 200	100		. 0	0	*************	***************************************					
2. EXCESS CLAIM FEES		•			***************************************	Small Entity					
Fee (\$) Fee (\$)											
Each claim over 20 (including Reissues) 50											
Each independent claim over 3 (incl	uding Reissnes)				200	100					
Multiple dependent claims					360	180					
<u>Total Claims</u> Extre Claims	Paid (\$)	Mu	itiple Depende	nt Claims							
23 - 20 = 3	50.00	Foe	(\$) E	ee Paid (\$	<u>i)</u>						
HP = highest number of total claims paid for	if greater than 20.										
Indep Claims Extra Claims		Paid (\$)				•					
		0.00									
HF = highest number of independent claims	paid for, if greater than 3.										
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
. 100 =	/50 =	_ (round up to a who	ie number) x								
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 (ee (no small entity discount) Other (e.g., late filing surcharge):											
SUBMITTED BY	<u> </u>			······································		***************************************					
Signature / / / / / / /	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 20							
Name (Print/Type) Marc S. Weiner				Date JUN	1 3 200	J/					